

# American Psychiatric Association

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February 6<sup>th</sup>, 2015

Karen B. DeSalvo, M.D., M.P.H., M.Sc.  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Ave. SW Suite 729-D  
Washington, D.C. 20201

Dear Dr. DeSalvo,

I am writing to you on behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 36,000 psychiatric physicians as well as their patients and families, in response to the Office of the National Coordinator for Health Information Technology's (ONC) draft 2015-2020 Federal Health IT Strategic Plan. Psychiatrists are experts in the diagnosis, treatment, prevention, and research of mental illness including substance use disorders, and our members practice in a wide variety of specialty and general medical treatment settings. The adoption of effective, interoperable, and affordable health information technology (HIT) holds great potential for the coordinated care of individuals suffering from psychiatric conditions and the integration of care throughout various treatment settings. We appreciate the opportunity to provide you these comments.

The guiding principles that ONC describes in its draft strategic plan are appropriate and commendable. Federal agencies responsible for HIT should focus on value, respect individual preferences, and build a culture of electronic health information access and use. They should create an environment of continuous learning and improvement, encourage innovation and competition, and be a worthy steward of the country's money and trust. However, our experience is that the reality for our members, our patients, and the psychiatric/behavioral treatment community has not matched these principles.

We are concerned with the low adoption rates of electronic health records (EHRs) by psychiatrists, the disparate lack of access to coordinated care aided by modern technology that our patients face, and the policies that contribute to these problems. This situation contributes to the historic siloing of mental health treatment and makes it significantly harder to achieve the triple aim of improving health outcomes, enhancing patient experience, and lowering treatment costs for a population of individuals who are very likely to suffer from multiple co-occurring chronic medical conditions. The examples that illustrate the challenge are numerous. As you know, individuals with serious mental illness have a lifespan that is significantly less than other individuals, largely due to comorbid medical conditions. For individuals who have had a heart attack, the presence of depression is associated with a likelihood of mortality that is 3 fold more than individuals without concomitant depression. The presence of a psychiatric disorder in medical and



surgical patients increases the likelihood of hospital readmission, and psychiatric disorders account for 3 of the top 10 diagnostic categories of Medicaid "super-utilizers". Enhancing the use of EHRs by psychiatrists and behavioral health clinicians is crucial if we are to achieve the goals of interoperable health information exchange, reduction in health care costs, and improvement of health outcomes. Adoption of EHRs is also critical to the long term success of the Affordable Care Act and its promotion of team-based coordinated care.

However, there are multiple barriers to adoption. These include:

- Continued regulatory barriers to meaningful use eligibility by psychiatrists, including reporting burden, inapplicable or inappropriate measures, and high qualification thresholds;
- Measures that are not aligned across reporting programs;
- The lack of funding for capital costs and ongoing maintenance of technology systems ;
- The limited number of support staff in most of our members' practice settings ;
- Limited access to technical resources by solo practitioners, small group practices, and community treatment centers;
- Implementation of specific privacy and security needs of sensitive mental health information in addition to integration and technological support for assorted state and federal legal requirements on mental health and substance use disorder records sharing;
- The exclusion of several categories of psychiatric treatment facilities and behavioral health providers from HITECH Act meaningful use incentives;
- Unique documentation and regulatory challenges faced by psychiatrists and behavioral health organizations ;

It is our hope that these areas can be addressed through future rulemaking by ONC and other agencies of jurisdiction within HHS, and through current and future legislative efforts by Congress. APA is pleased to provide itself as a resource to federal and state policymakers to assist in increasing adoption of effective, interoperable, and affordable HIT systems for psychiatrists and within the mental health treatment community for the benefit of our patients.

Thank you for your consideration of these important issues and for your solicitation for feedback on the draft ONC Strategic Plan. If you would like to discuss any of this further, please contact Matthew Sturm, Deputy Director of Government Relations, at [msturm@psych.org](mailto:msturm@psych.org) or 703-907-7800.

Sincerely,

A handwritten signature in dark ink, reading "Saul Levin, M.D., M.P.A." in a cursive style.

Saul Levin, M.D., M.P.A.  
CEO and Medical Director  
American Psychiatric Association